Under the P	aperwork Reduction Act of t	1995, no person are required to	U.S. Pate	ent and Tradem	ved for use throug lark Office; U.S. D ion unless it displa	h 06/30/2010. OI EPARTMENT OF	COMMERCE
	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known						
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		10/534,411-Conf. #4477		
FEE TRANSMITTAL			Filing Date		May 11, 2005		
			First Named Inventor		Michio TSUYUMOTO		
For FY 2008			Examiner Name A		A. P. Desai		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1794		
TOTAL AMOUNT OF PAYMENT		(\$) 930.00	Attorney Docket No.		3273-0202PUS1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity							
Application T	<del></del>		Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$)
Utility	310	155 510		210	105		
Design	210	105 100		130	65	·	
Plant	210	105 310	155	160	80		
Reissuc	310	155 510	255	620	310		
Provisional	210	105 , 0	0	0	0		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Small Entity Fee (\$) Fee (\$) Fee (\$)  25  25  Multiple dependent claims  370 185							
		2-1-1-193 20 M M			370	185	
Total Clairies	otal Claims Extra Claims Fee (\$) Fee F				luitiple Dependent Clain		
HP = highest number of total claims paid for, d greater than 20.							
Indep. Claims	Extra Claims		Paid (\$)	***************************************	-		•
HP = highest number of independent ctaims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1251 Extension for response within first month 120.00							
SUBMITTED BY							
Signature	7 111/2/01/2			32,181	Telephone	(703) 205-	
Name (Print/Type)	Marc S. Weiner				Date SEP	2 6 2008	}

MSW/CAM/aee